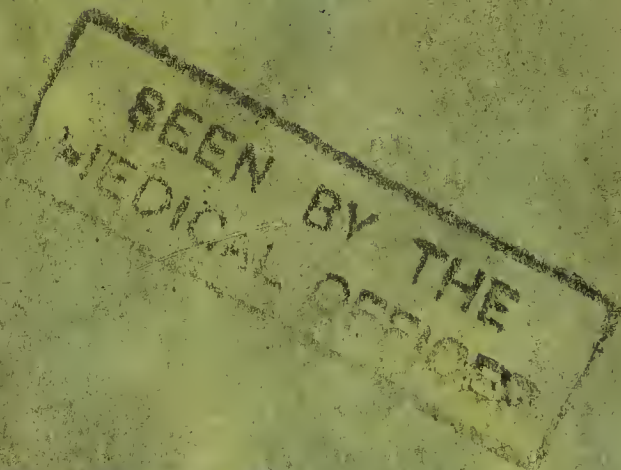
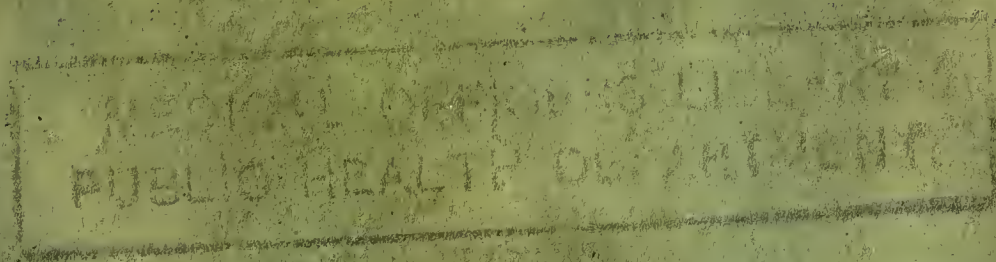


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Isle of Man Education Authority

ANNUAL REPORT
of the
School Medical Officer
1951



S. V. CULLEN, M.B., Ch.B., D.C.H.,
School Medical Officer.



Isle of Man Examiner Limited,
Hill Street, Douglas.

Isle of Man Education Authority

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Isle of Man Examiner Limited.
Hill Street, Douglas.

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SCHOOL HEALTH REPORT

TO THE CHAIRMAN AND MEMBERS OF THE ISLE OF MAN
EDUCATION AUTHORITY.

Madam Chairman, Ladies and Gentlemen,

I beg to submit my report upon the work of the School Health Service for the year 1951.

It was fortunate that throughout the year there were few changes of Staff. Miss E. E. Watterson was appointed and commenced duty in January, to succeed Nurse Byrne who retired in December, 1950. In view of her marriage, Miss J. Winning, who acted as Physiotherapist from November of last year, resigned in August. Miss A. J. Caine was appointed to replace Miss Winning.

The appointment of Mrs. D. C. H. McQuarrie as a fourth Dental Officer was continued in a temporary capacity. Mrs. E. C. Callow also continued to assist Mrs. McQuarrie as a temporary Dental Attendant.

I should like to express my appreciation to Dr. K. M. Vernon and to the Staff—Dental, Nursing, and Clerical—who have done so much to maintain the high standard of efficiency throughout the Service.

The Director of Education, Mr. H. L. Fletcher, and his Staff have provided information for inclusion in this report, and I should like to thank him and his Staff—Professional and Administrative—for their ready co-operation and assistance.

Special thanks should be given to the Teaching Staffs of the schools for the help and encouragement which they have given to the Staff of the School Health Service throughout the year.

In conclusion, I should like to thank you, Madam Chairman, Ladies and Gentlemen, for your continued support and the consideration which has been shown to the members of the School Health Service during the year.

Your obedient servant,

S. V. CULLEN.

School Medical Officer.

Isle of Man Education Authority

SCHOOL HEALTH SERVICE

Report for Year 1951

STAFF.

FULL TIME

School Medical Officer :

S. V. Cullen, M.B., Ch.B., D.C.H.

School Nurses :

Miss F. Caine, S.R.N., S.C.M.
Miss E. H. Quirk, S.R.N., S.C.M., H.V.
Miss D. C. Qualtrough, S.R.N., S.C.M.
Miss E. E. Watterson, S.R.N., S.C.M.,
H.V. (From 15.1.51.)

School Dental Officers :

J. A. S. Clucas, L.D.S., R.C.S.
F. C. Shenton, L.D.S., V.U.Manc.
Kathleen E. Smith, B.D.S., L.D.S.
Dorothy C. H. McQuarrie, L.D.S. (Hons.)
(Temporary).

Dental Attendants :

Miss M. Kissack.
Miss F. M. Johnson.
Miss D. M. Crellin.
Mrs. E. C. Callow
(Temporary).

Clerks to the Medical Department :

Mrs. D. Christian.
Miss V. Devereau.

PART-TIME

Assistant School Medical Officer : Kathleen M. Vernon, B.Sc., M.B., Ch.B.

CONSULTANTS

Aural Surgeon :

H. V. Forster, M.C., M.B., Ch.B., M.Sc.,
F.R.C.S.

Orthopædic Surgeon :

H. G. Almond, M.Ch.Orth., F.R.C.S.

Tuberculosis :

D. Osborne Hughes, M.D., D.P.H.

Ophthalmic Surgeon :

T. L. de Courcy, M.A., M.D., B.Ch.,
B.A.O., D.P.H.

Radiologist :

B. B. Harrison, M.B., Ch.B., M.Rad.,
D.M.R.D.

PHYSIOTHERAPIST :

Miss J. Winning, M.C.S.P.
(Resigned 22.8.51).

Miss A. J. Caine, M.C.S.P., H.T.
(From 27.8.51).

PRELIMINARY.

The aim of the School Health Service is to enable children to take full advantage of the educational facilities provided by the Authority. To this end, the supervision of the health of the school child, with the subsequent treatment of defects and disabilities, becomes of primary significance. Since the foundations of health are laid down in childhood, the physical fitness of future generations of school children clearly rests on the bodily vigour of the present generation of scholars. To be successful, the supervision of health in the school must be comprehensive and continuous, and its purpose should be the fostering of positive health. Good school accommodation, the provision of school meals and milk, activities such as Games and P.T., all play their part in raising the standard of health in schools.

It is pleasing to report that the nutritional state of the school children continues to remain satisfactory, there being only a very small percentage of school children whose general condition is below average.

The present percentage of head infestation—6.9—shows a slight increase on that recorded in 1950. While this deterioration is, naturally, a matter of some concern, the figure recorded still remains below the national level on the Mainland.

The problem of handicapped children, for whom the Education Authority has definite responsibilities under the Education Act (Isle of Man) 1949, continues to occupy a great deal of time. In the case of the more severely physically handicapped children, vacancies are found where possible at schools on the Mainland, but, as pointed out in last year's report, certain of these children are, because of physical disabilities, unable to attend any school, and it is becoming necessary for a further extension of the home teaching service to be considered.

No provision has yet been made for the more severely mentally handicapped children, some of whom are ineducable and unfit to attend ordinary schools. Once a child is notified as ineducable, he or she becomes the responsibility of the Mental Health Authority and not the Education Authority. As has been pointed out in the past, there are a number of these children who would benefit by special training which would help to develop their minds and bodies within the limits imposed by their defects, and would encourage them to form good habits, acquire self-control, and develop social sense. Such training could be given in an Occupation Centre which the children could attend daily. It is to be hoped that accommodation will be provided in the new Children's Villa at Ballamona for a Centre of this type.

It is very satisfactory to report that during the past year a special class for backward primary school boys has been opened in Douglas and is fulfilling a very useful purpose. So far, no provision has yet been made for backward girls, but it is to be hoped that a class will be opened in the near future.

With regard to the handicapped children, both mental and physical, who are under the supervision of the School Health Service during their school life: it is a matter of some concern that once they leave school—usually at the age of fifteen years—this supervision ceases to exist, and, apart from the few who become registered under the Disabled Persons Act or as Blind Persons, there is little or no supervision for the remainder. As the years 15 to 18 are very important years in a young person's life, some extension of the Welfare Department, either under the Board of Education or under one of the other Boards of Tynwald, which would enable these children to receive advice on suitable types of employment would be a very valuable asset.

In the case of the less severely handicapped children, such as those suffering from speech defects or squint, no facilities at present exist on the Island for the necessary treatment for the correction of their disabilities. In previous reports, attention has been drawn to the fact that there are quite a number of children who suffer from speech defects in

varying degrees who would benefit by a course of speech training under a qualified speech therapist. It has been possible in the case of some of the more severely affected children to arrange for an intensive course of speech therapy on the Mainland, but for the less severely handicapped who would be improved by suitable training, no facilities exist.

Defective speech may lead to serious psychological problems. A child who cannot express himself as he would wish may develop feelings of inferiority and insecurity which persist as long as his speech remains defective and may become worse as the child grows older. These children may often become a serious problem both to their parents and to their teachers. In school, the general work of the child may suffer because he finds reading and spelling become a problem to him. With adequate training he can often overcome his difficulties and regain some of his lost confidence.

There is a national shortage of speech therapists and the course is a long one, lasting three years, and must be taken on the Mainland. It is to be hoped that the Authority will endeavour to obtain the services of a person so qualified in the very near future. When careers are being discussed in schools, it might help to increase the number of those undertaking speech training if those responsible for vocational guidance would indicate the value of such training.

Attention has been drawn in the body of the report to the necessity for special and early treatment for children suffering from squint. Provision of spectacles and covering the non-squinting eye are often all that is necessary, but, in a large number of cases, exercises of the eye muscles given by a qualified orthoptist are essential. It is frequently possible to avoid operation when this treatment is given, provided the treatment is started early in childhood. On the Mainland, all Eye Hospitals and the Eye Departments of General Hospitals have one or more orthoptists on their staff for this particular form of treatment. There is no doubt that the appointment of an orthoptist would be of great benefit to a large number of children under the care of the School Clinics.

The Dental Department is up to full establishment, there being four full-time Dental Officers, three of whom are permanent and one temporary. It is expected that the position occupied by a temporary Dental Officer will become permanent in the very near future. A full report on the work of the Dental Department appears in the following pages.

During the year under review, the specialist services within the framework of the School Health Service have continued to function smoothly and well. The presence of the School Medical Officer at the sessions of Consultants provides a link with the General Practitioner. Cases of school age are "followed-up" in school and a continuous record of the patient is available whenever necessary. The family doctors are notified of the opinion of the Consultant, and, in many cases where he advocates treatment, the resources of the School Clinics are put at their disposal. On the numerous occasions where treatment must be regular and supervision constant, this can be carried out by the Staff of the School Clinics.

With regard to the Clinic premises on the Island, those School Clinics in the schools, particularly those in the new schools, are in very good condition and serve a very useful purpose. The Central School Clinic in Douglas, however, is very unsatisfactory. A building, which was originally a boarding-house, taken over by the Education Authority some 27 years ago and never adequately adapted to its new function, has far outlived its usefulness. Being a Central Clinic, it contains the offices for the Clerical Staff and the necessary records which form an essential part of the School Health Service. A daily Minor Ailments Clinic is held there, the two Consultants who visit the Island regularly see pre-school and school children there, and it is the only Central Clinic where special examinations may take place. When these facts are taken into consideration, the necessity for a more convenient and up-to-date building will be appreciated. A service which is endeavouring to teach positive health cannot hope to achieve its object in a building which is both inadequate and unsuitable.

SCHOOL ACCOMMODATION AND HYGIENE.

During 1951 further progress was made to overcome the arrears which had accumulated on account of the suspension of interior decoration during the war. It can now be stated that the majority of the schools have a reasonably good standard of interior decoration. The larger schools which were decorated were: The Douglas High School for Boys (St. Ninian's Section), and the Ballakermeen Section of the Douglas High Schools.

Alterations were carried out to the electric lighting at Tynwald Street and Murray's Road Schools to improve the facilities for the teaching of needlework during the winter months. Electric lighting was also provided at Andreas School.

The boys' playground at Albert Road School, which has been in an unsatisfactory state for a number of years, was re-surfaced and is now in first-class condition. In the Infants' Department of this school, a new hardwood splinterproof floor was laid in the Assembly Hall in place of the existing pitchpine floor which was splintering badly and giving cause for concern.

It was possible to install a mains water supply at Santon School as the extension of pipe water to the Santon area had recently been completed by the Isle of Man Water Board. On the completion of the sewerage system in the district, water borne sanitation was installed at Andreas School.

The periodic inspection of heating apparatus was continued in order to maintain all installations in satisfactory working condition. A number of the boilers reached the end of their useful life, and new ones were installed at Rushen Primary School, the High School for Boys (St. Ninian's Section), and the School of Technology, Art and Crafts. The opportunity was also taken, in view of the difficult supply situation concerning boilers, to build up a stock of the various types in use so that, in the event of a breakdown, immediate replacement could be effected.

To replace the present unsatisfactory building at Ballasalla, plans for a new school were approved by the Authority and forwarded to the Isle of Man Board of Education. Work began on the erection of the new Infants' and Junior School to replace the existing buildings in Peel.

MEDICAL INSPECTION.

The total number of routine examinations was 2,465, a decrease of 52 compared with the previous year. The decrease occurred in the Entrants group only, and was due to the smaller intake of five year old children during the year.

The number of children, excluding dental caries, found to require treatment was 220 or 8.92%. Entrants, 6.59%; eight year old group, 10.96%; twelve year old group, 10.14%; and fifteen year old group, 6.98%.

The majority of defects found were those of vision, 3.2%; of the nose and throat, 1.01%; and orthopædic defects, 3.3%.

Re-inspections totalled more than last year, being 4,236 as against 3,819 in 1950, an increase of 417, and special inspections also showed an increase of 194.

GENERAL CONDITION.

The general condition of the children examined in the routine age groups was similar to that found in 1950. Good general condition was found in 32.49%, fair in 65.44% and poor in 2.07%. The majority of the school children are, therefore, of normal or good condition and only a small percentage—2.07—is below normal.

The following table shows the average heights and weights of the children examined in 1950 and 1951:—

	Number examined	Height in inches	Weight in pounds
Eight year old boys			
1950	315	49.95	58.27
1951	355	49.99	57.85
Eight year old girls			
1950	312	49.46	56.89
1951	320	49.61	57.08
Twelve year old boys			
1950	315	57.30	83.86
1951	343	57.15	82.48
Twelve year old girls			
1950	275	57.59	84.52
1951	318	57.43	87.03
Fifteen year old boys			
1950	228	64.36	117.38
1951	252	63.88	114.06
Fifteen year old girls			
1950	242	62.68	115.76
1951	235	62.62	116.97

It will be noted that the girls in all groups showed an increase in weight but that only the eight year old girls showed a slight increase in height. With the exception of the eight year old boys, who showed a slight increase in height, all other groups showed a slight decrease both in height and weight. As the table shows, the variations in height and weight are very small compared with last year, but it is also interesting to compare them with previous years:—

Eight year old group—

Year	BOYS		GIRLS	
	Height in inches	Weight in pounds	Height in inches	Weight in pounds
1926	47.69	52.76	47.78	52.35
1931	48.46	53.62	48.06	52.67
1936	48.77	53.99	48.62	53.48
1941	49.05	55.68	48.60	52.46
1946	49.84	57.75	49.55	57.17
1951	49.99	57.85	49.61	57.08

Twelve year old group—

1926	54.51	71.64	55.50	74.23
1931	55.37	74.55	56.02	77.15
1936	55.96	77.38	56.19	78.02
1941	56.17	76.62	56.98	81.97
1946	56.10	77.24	56.69	80.53
1951	57.15	82.48	57.43	87.03

As will be seen from the figures, the average height of the boys has increased by over 2½" in the 12 year old group and both boys and girls in this age group show a striking increase in weight. The boys now weigh over 10½ lb. more than they did in 1926 and the girls have gained more than 12½ lb. Eight year boys have gained nearly 2½" in height and over 5 lb. in weight and eight year old girls nearly 2" in height and 5 lb. in weight.

UNCLEANLINESS

During 1951, the School Nurses carried out 28,836 examinations of children for cleanliness. The number of individual children examined totalled 7,422. Of the 7,422 children examined, 517 had some degree of infestation, a percentage of 6.96.

Although the number of examinations made of individual children has increased, unfortunately, the number of children showing evidence of head infestation has also shown a small increase. Whilst the present percentage is a big improvement on the immediate post-war years, it is still not satisfactory, and represents a small number of pupils who are persistently infested in spite of all the efforts of the Nursing Staff. If further improvement is not shown, it may be necessary to make examples of some of the more persistent offenders by taking action against their parents under Section 86 of the Education Act, 1949.

MINOR AILMENTS

The total number of minor ailments treated at the School Clinics showed an increase on 1950. Altogether 8,140 were treated. 18,621 attendances were made, giving an average of just over 2 attendances per case.

It will be noted that there was an increase in the number of children treated at the Clinics during the past year. Since no drugs are used at the Clinics, attendances are, in the majority of cases, for ailments of a minor nature, requiring simple dressings or treatment. By treating these cases, pressure on the General Practitioners, who are already overworked with their other cases, is being relieved, and the Clinics are therefore fulfilling a very useful purpose. Cases of a more serious nature are referred to the family doctors.

During 1951, the Minor Ailments Clinic which is held at Laxey School was carried out by one of the School Nurses who visits there regularly at least twice a week. All the Clinics are now under the care of the School Nurses.

It is very interesting to note that the Autumn and Summer Terms are the busiest for Minor Ailments and that the attendances during the Spring Term are much reduced. It is difficult to explain this reduction unless one compares it with the school attendance, which is usually lower during the Spring Term. On the other hand, the children are out-of-doors more during the Summer and Autumn and thus more liable to minor accidents and abrasions.

VISUAL DEFECTS AND EXTERNAL EYE DISEASE

As in previous years, the majority of eye examinations were carried out by the School Medical Officer. The number of refractive errors totalled 342. Of these, 166 were tested by retinoscopy and 176 previously tested by retinoscopy, were re-tested by the subjective method. 641 children attended Minor Ailments Clinics for treatment for eye conditions of a mild nature.

98 cases were submitted to Dr. de Courcy for eye examination during the year, 70 being school children and 28 pre-school children. Of the cases referred, 40 of the school children and 25 of the pre-school children were examined because of squint. 2 school children and 1 pre-school child were examined because of congenital cataract. Examinations for other conditions totalled 30. 4 school children and 4 pre-school children were referred by Dr. de Courcy for operation for squint.

I am indebted to Dr. de Courcy for the following comments:—

“When large groups of people come up for general examination, as in the war years, a great number are found to have one normal eye and one with very defective vision though showing no disease. This was found more frequently in the First World War, as since then school clinics have discovered and treated the primary cause of this condition, which is untreated squint in childhood. Unless a squinting child is treated before the age of seven or eight, the squinting eye never develops full vision, and the earlier the age at which treatment is started the better the resulting vision.

“When a squint is discovered, either by the parents, family doctor or school doctor, treatment consists of ordering glasses when necessary, covering the non-squinting eye so that the squinting eye may develop its full power of vision, and by certain eye muscle exercises given under skilled instruction. In certain cases operation is necessary.

“This muscle training, which involves the provision of a certain amount of special equipment under the supervision of a nurse or other person who has undergone training in an Orthoptic Department of an Eye Hospital, would be of great benefit in a large number of cases coming under the care of the Isle of Man School Clinic. In many instances, it is absolutely essential for the establishment of binocular vision.”

As Dr. de Courcy points out, in certain cases of squint, it is possible to avoid the necessity for an operation by giving the appropriate treatment. This involves, amongst other things, exercises of certain of the muscles of the eye and necessitates regular and frequent attendance by the individual concerned at the orthoptic department of an Education Authority or Eye Hospital. There are no facilities for treatment of this nature on the Island, either at a hospital or through the Education Authority. In view of the number of children with squint who are seen

each year in the course of medical examination in school and who would benefit by such treatment, serious consideration must be given to the provision of such equipment as is essential for the work and the employment of a person qualified as an orthoptist or one who has had special training.

The total number of glasses ordered during the year was 249. There is now practically no delay between the ordering of the glasses and the fulfilling of the order and the glasses are usually obtained within a month.

As in previous years, opticians have been most helpful and co-operative.

EAR, NOSE AND THROAT DEFECTS

Mr. Forster, the Ear, Nose and Throat Surgeon, paid 13 visits to the Island during 1951 and examined 136 children. 13 of these children were of pre-school age. The total number of examinations carried out was 166. Mr. Forster also performed 18 operations on school children as follows:—

- 5 — Removal of adenoids.
- 4 — Removal of tonsils and adenoids.
- 2 — Cautery to inferior turbinates.
- 1 — Removal of adenoids and scales from drumhead.
- 1 — Proof puncture of antra and removal of adenoids.
- 3 — Proof puncture of antra.
- 2 — Radical mastoid.

In addition, 32 cases were notified direct to the hospital as being in need of operation and the School Health Service was also notified of 111 other nose and throat operations which were sent direct to the hospitals by the General Practitioners. At the end of the year, there were very few children who were awaiting admission to hospital for operative treatment for nose and throat defects.

As in the past, Mr. Forster's sessions were attended by the School Medical Officer and arrangements were made for any recommended treatment to be carried out. The liaison between the Laryngologist, the School Medical Officer and the General Practitioner has been for a long time well established on the Island and continues to work satisfactorily.

Once again, Mr. Forster's advice and treatment have been very valuable, and it is to be hoped that these consultation sessions will be continued as in the past so that children on the Island may derive the greatest benefit from his advice and treatment.

At the Minor Ailments Clinics, 330 cases of ear defects were dealt with, the majority of them being of minor character. In addition, 797 cases of nasal defects were dealt with, being mostly chronic catarrh. In 10 cases intra-nasal massage with the diastello was undertaken with considerable improvement in most cases.

TUBERCULOSIS

During the year, 10 children were referred by the School Medical Officer to the Chest Clinic for examination. In addition, 18 school contacts of a notified pulmonary case were examined by the Consultant Tuberculosis Officer, and Mantoux tests for tuberculosis were carried out. X-ray examinations of the contacts were also made and no evidence of any active disease was found on any of the X-ray films. All these cases remained under continuous supervision by the School Health Service. An X-ray examination of a Form Mistress was also negative.

Arrangements were made with the Consultant Tuberculosis Officer for reports on all school children attending the Chest Clinic to be sent to the School Medical Officer so that, if necessary, an up-to-date record is available for each case and more adequate supervision may be maintained. These reports from the Consultant Tuberculosis Officer have been of great value in the follow-up of cases in school.

Arrangements were also made, through the School Health Service, for two of the cases attending the Chest Clinic to be admitted to the Children's Convalescent Home at West Kirby. Under other arrangements, 2 pre-school children suffering from primary tuberculosis, were admitted to a hospital on the mainland.

At the beginning of the year, there were in the Orthopædic Ward 1 case of tuberculous spine and 1 case of tuberculous hip and during the year 1 child of pre-school age was admitted to the Ward with tuberculous hip.

THE SCHOOL DENTAL SERVICE

I am indebted to the Senior Dental Officer, Mr. J. A. S. Clucas, for the following report:—

On completion of one full year's work in the Island's new Children's Dental Service, it is possible to see more clearly what has been achieved, and to assess the changes which may be necessary to improve the Scheme in the future.

Records show that there has been a very heavy increase in the amount of work done at all the Centres, and this can be attributed to the following causes:—

(1) A greater number of children coming into the Scheme.

This is as one would expect on the transfer of all free dental treatment for pre-school and school children to the School Dental Service.

(2) An increase in the number of casual patients.

These are children who seek immediate treatment for the relief of pain. They attend the Clinics without appointment and require immediate attention. Many of them are accident cases, such as the fracturing of one or more teeth due to a fall in the playground. Every effort has to be made to deal with such cases expeditiously, but this inevitably causes considerable interference with routine work and has proved to be a major problem, particularly in the Douglas Clinic. The amount of disorganisation involved can be seen from the total number of casual patients treated during the year and, as the set back to routine work eventually produces more casals, a vicious adverse cycle is thus created. At Ballakermeen Clinic, one casual may well break two routine appointments due to difficulties arising from the use of the same room by two Dental Officers. Should the rate of casals in the Douglas area continue as at present, it may be necessary to take steps to meet the situation and to prevent a complete breakdown of the service, and this may involve the provision of an extra surgery, extra staffing, or a re-introduction of emergency facilities under the General Practitioner Scheme.

(3) An increase in the number of children of pre-school age.

The organised scheme for the treatment of pre-school children has not yet been put into operation because the service is not in a position to commit itself to a further increase in the amount of work to be done, without impairing its efficiency. This class of child is seen, but only on a casual basis. In spite of this, 384 pre-school children were treated, 249 of them at the Douglas Clinic. Nearly all of them require extraction of teeth under general anæsthesia, and this necessarily occupies the time of two Dental Officers, one to administer the anæsthetic and the other to perform the operation of extraction.

(4) A greater demand for orthodontic treatment.

The demand for this type of treatment has been greater than ever during the year. This is a very specialised branch of dentistry requiring the expenditure of a great deal of time, skill and patience in achieving one's ultimate object, and statistics cannot illustrate even remotely the time picture of what it entails. Many cases requiring this treatment cannot yet be undertaken due to pressure of work of a more urgent character. Nevertheless, a total of 173 new cases were started during the year, and these together with continued work, made a total of 1,535 attendances. The number of appliances made was 114 fixed type and 122 removable—a total of 236.

In spite of the work done, the number of children found to require treatment at school inspections, has only fallen by 7% (from 70% in 1950 to 63% in 1951) and this fall is more than offset by the large increase in the number of emergency casals whose numbers have gone up by over 100%. This clearly indicates that children are still acquiring mouth defects in excess of the capacity of the Dental Service to deal with them.

During the year, over 5,000 of the Island's total of some 7,000 children have been treated and may each have needed an average of two visits to the Dental Clinics.

Inspections.

At the Annual School Inspections, 6,835 children were examined, and 4,333 of them were found to require treatment. Many of these children also received check inspections during the year, but these are not

recorded. These figures show that practically every school child on the Island received at least one examination during the year.

Acceptance.

The new Acceptance Form, which will provide a more accurate figure of acceptance, will not be in use until 1952, so that a true figure will not be available until the end of next year. From our present statistics, it appears that over 95% of the Island's school children now accept treatment.

Treatment.

The number of fillings in permanent teeth continues to rise, and the average of eight teeth saved to every one lost is a very good record considering the year's difficulties. The number of extractions of both permanent and temporary teeth (4,212) shows a marked increase due, largely, to the increased number of casual patients.

The administration of general anæsthetics shows a rise to 1,284 for similar reasons.

The total of other operations performed includes the following:—

- 2,567 temporary teeth conserved with silver nitrate.
- 57 artificial dentures and crowns fitted to children, mostly to replace front teeth lost or broken in accidents.
- 758 scalings and gum treatments.
- 3,684 dressings inserted prior to fillings.
- 458 radiographs taken for 251 cases.

Clinics and equipment.

Douglas. The two-chair surgery at Ballakermeen Clinic proved this year to be a handicap when working under pressure with large numbers of casualties and it may be necessary either to alter the room or to provide an extra surgery in Douglas.

Castletown. There is need for a spot welder at this Clinic. Pressure of work at other Clinics has prevented the practical use of this item of equipment at Castletown and the service in the South will not be satisfactory or economical until it is provided.

Ramsey. The provision of a separate telephone is essential owing to the difficulty experienced by teachers and parents in contacting the Clinic under existing conditions.

Staff.

This has been a year of strenuous work for the Dental Staff, who have done their utmost to ensure that the children should not be affected in any way by the transfer of full responsibility for dental treatment to the School Service. Emergency treatment has been given, in many cases, at week-ends, on Sundays or late at night. As this is in addition to the heavy daily routine work and the increased number of casual patients, the extra stress on personnel has been great. Concentrated children's dentistry puts considerable strain on the Dental Officers. As they have been working under pressure and, at the same time, endeavouring to provide a personal service in order to launch the Dental Scheme successfully, the strain during the past year has naturally been heavier.

Dental attendants.

These indispensable ancillaries of the Dental Service who seldom get any publicity play a large part in ensuring the smooth running of the scheme. This year, in particular, they have had a heavy increase in their work, particularly with regard to anæsthetics. No statistics can show the capable and cheerful manner in which they perform their duties.

Co-operation.

Teachers have, as always, given their solid support in making the scheme work and the Dental Staff is pleased to record high appreciation of the help given.

Conclusion.

On analysing the figures in the statistics, it will be appreciated that all the Clinics have been working under heavy pressure for the last year. It is not unreasonable to assume that this pressure cannot be maintained indefinitely without serious consequences to the health of the Dental Officers involved. Therefore, some drastic measures may have to be taken to alleviate the situation and thus prevent a complete breakdown in the Scheme. An additional surgery in Douglas where a Dental Officer could work for several sessions a week would relieve pressure on the Ballakermeen Clinic and thus help to solve a difficult problem.

ORTHOPÆDICS

During 1951, Mr. B. L. McFarland was appointed Professor of Orthopædic Surgery at the University of Liverpool and has not visited the Island since that time. He has, however, operated on several school children from the Island at hospitals in Liverpool.

Mr. Almond paid eight visits to the Island, the average time between visits being six to eight weeks. The total number of cases examined was 510, which is an increase of nearly 100 over 1950. Mr. Almond's Clinics were held at Douglas, Castletown and Ramsey. The percentage of patients who failed to attend when summoned for the first time was 23%, but this may be accounted for to some extent by the number of minor epidemics of infectious diseases which were prevalent over the course of the year. Cases not attending the first time are given a further opportunity at a later date, when most of them attend.

Owing to the resignation of Miss Winning on her marriage, a new Physiotherapist, Miss Caine, was appointed and commenced duty on the 27th August this year. It was fortunate that Miss Caine was able to take over from Miss Winning almost right away, so that there was no break in the facilities for treatment.

After-Care Clinics were held during the course of the year at Douglas, Castle Rushen School, Victoria Road School, Peel, Albert Road School and Ramsey Senior School, and approximately 480 individual patients were treated, the number of treatments given being 4,568. Mr. Almond has emphasised again the value of after-care treatment, and it is to be hoped that the very satisfactory state of affairs which at present exists in this very important branch of the Orthopædic Scheme will continue during 1952.

The number of operations performed on the Island during the year by Mr. Almond was 30. In addition, 5 cases went to hospitals on the mainland for operation and 2 for special treatment. The details of the operations performed at Noble's Hospital were as follows:—

- Operations for correction of deformities of feet or toes — 21.
- Other operations—
 - 3 — Lengthening of tendo-Achilles.
 - 2 — Open incision of thumb tendon sheath for "Trigger" thumb.
 - 2 — Reduction and plaster congenital dislocation hip.
 - 1 — Removal of plate from old fracture left femur.
 - 1 — Manipulation avulsed tibial spine.

Mr. Almond has commented favourably on the co-operation of the parents during the year and feels that the establishment of Clinics at Castletown and Ramsey is partly responsible for this.

The Authority's Orthopædic Scheme continues to be responsible for all children on the Island and treatment is maintained where necessary until the patient reaches the age of 21 years.

During the intervals between Mr. Almond's visits, urgent cases are referred direct to the surgeons at Noble's Hospital. In the event of any after-care treatment being required in these cases, it is carried out by the Physiotherapist.

The number of cases in the Orthopædic Ward at the beginning of the year was 6. Of these, 2 were cases of poliomyelitis which were still under treatment following the 1949 epidemic. The number of cases admitted during the year was 33, 30 of whom were for operation under the Authority's scheme and 2 of whom were pre-school children suffering from congenital dislocation of the hip.

INFECTIOUS DISEASES

It is again possible to report that during the past year there were no cases of Infantile Paralysis occurring in school children on the Island. The following infectious diseases were notified by the schools during 1951—

Measles	726
Whooping Cough	93
Chickenpox	292
Mumps	296
German Measles	4
Scarlet Fever	6
Diphtheria	Nil

As will be seen from the figures, there was an epidemic of measles in the early part of the year which severely affected the attendances in the schools. Whooping Cough and Chickenpox showed an increase on 1950. Towards the end of the year there were signs that an epidemic of Mumps was starting and by the end of 1951, 296 cases had been notified, compared with 3 during 1950.

It is again satisfactory to report that there were no cases of Diphtheria occurring amongst school children. This is the sixth successive year in which no cases have been reported. During the Spring Term, an intensive immunisation campaign against Diphtheria was carried out in the schools and some 2,300 children were immunised. Immunisation sessions were arranged both in the Clinics and in the schools and the majority of inoculations were given by the General Medical Practitioners. These arrangements were made by the Medical Officer of Health, with the co-operation of the School Health Service. Preparations are now in progress to continue the immunisation campaign during the early part of 1952. It is impossible, at present, to give an accurate picture of the immunisation state of the school children, but from records examined, it would appear that some 65 to 70% of the five-year-old group is protected against Diphtheria. This is a satisfactory figure, but it is hoped that with the continuation of the immunisation campaign it will soon be possible to report 100% protection.

PHYSICAL EDUCATION

I am grateful to the Organisers of Physical Training for a report on their work during the past year—a summary of which follows:—

Physical Education has continued to hold a prominent place in the curriculum of the school. This is understandable when it is realised that the physical and mental growth of a child must develop concurrently. It has long been recognised that mentally retarded children benefit greatly from extra handwork and from other work which is practical rather than theoretical. This is also true for the normal child. Practical experiences stimulate mental development and bring a more lasting and intense knowledge of the world and its make up. Physical Education in school has been concerned more with experiences than with the production of gymnastic feats. The main task has been to provide as great a variety of physical experience as possible. Through these experiences, hand, eye and limbs are co-ordinated and skill is developed. Running, jumping, dancing, throwing, catching, bending, stretching, kicking, etc., all bring into play the complicated neuro-muscular system. It is often forgotten how complex is this system and how important regular training is if efficient physical growth is to be obtained.

With this in mind, the children in Infants' and Junior Schools have been encouraged to make use of such physical training apparatus as is available and to use it in a great variety of ways, working individually and moving freely about the room, hall or playground. This work has been taken informally and the child encouraged to better his previous effort.

Teaching Demonstrations, Courses, etc.

The essence of modern Physical Education teaching is its flexibility and the old type of Teachers' Courses cannot adequately cater for modern methods of instruction. There is now no "blueprint" of a Physical Training lesson from which to work since conditions vary so greatly from school to school and this is particularly so in the Island. On the other hand, demonstration lessons form a valuable means of help to the teacher. It has been the aim to show each teacher the best way of making use of the facilities available, however limited these may appear to be. In the teaching of games, demonstrations with the actual classes have been held on their playing fields or play areas.

Facilities for Physical Training.

The Secondary Schools continue to enjoy the benefits of modern, airy, fully equipped gymnasia. The facilities for changing and the opportunity to take a hot shower after exercise have taught hygiene in a practical manner.

The facilities available indoors for the Primary Schools vary considerably. Excluding the Infant and under-8 schools, only eight out of twenty-

seven schools have adequate indoor facilities. Consequently during the greater part of the winter months, Physical Training was irregular in many of these schools. There was thus a lack of continuity in the work, which resulted in a marked difference in the standard of work reached by the children. This was particularly noticeable on transfer to the Secondary Schools.

This lack of continuity has been overcome to some extent by the introduction of a modified scheme of work which can be taken in these schools provided that a small area can be cleared of school furniture. The staff have co-operated in this venture and on the whole the arrangement has been a success and has allowed regular Physical Training periods to be taken, although the work has been of necessity limited in extent.

Physical Training and Games Clothing.

The Authority's scheme for gym. shoes, introduced during the clothing coupons period, proved a great success. Children were able to participate in all exercises and games and obtain maximum benefit, and at the same time were enabled to use apparatus which would otherwise have been denied them. When clothing coupons were no longer required, it was hoped that parents would provide the necessary footwear. This optimism has not been borne out in fact and parents are being encouraged again to participate in the Authority's scheme. The scheme has been confined to the Junior Schools in order that the hire charge may be kept at a moderate figure.

Physical Training clothing presents a somewhat greater problem. Whereas the girls of the Secondary Schools have special gym. tunics and the boys have some form of shorts, no special clothing is provided for the Primary Schools. Ordinary clothes form an encumbrance and from a hygienic point of view a change of clothing is desirable after exercise. But most important is the fact that the teacher can see bodily positions, posture weaknesses and other defects which are hidden from view when clothed.

Supply of Equipment.

It will be recalled that during the war years it was impossible to obtain many items of equipment. Consequently, the schools emerged from the war period with very little equipment, much of which was eight or ten years old and in a very poor state. The Authority agreed to re-equip the schools over a period of three years and this proved to be a wise policy for the schools were substantially re-equipped before the phenomenal price increases of the last year took effect. Only a small amount of equipment has been required and it has only been necessary to effect repairs to certain items. Efficient maintenance by the Authority's groundsmen has not only ensured that the Games Equipment is kept in good order but has kept the cost of replacement down to a minimum.

Games Training.

(a) **Junior Schools.** The Junior School provides the foundation for major games training. A general all-round training has been given, the work centring largely on individual practices and skills. Ability to handle a small ball well has resulted in a great improvement in ball sense and skill, which is very noticeable in the Junior Schools and which should assist greatly in the Secondary School games.

Athletic training was commenced informally before and at Sports Days, conforming to the rules of the Amateur Athletics Association where possible. Area Sports were held in Peel, Douglas and Ramsey in connection with the Festival celebrations.

Although the weather was not good, several Primary Schools were able to take some swimming in the sea with their children. This healthy and useful recreation could well be extended to other schools within easy reach of the sea.

(b) **Secondary Schools.** The general training received in the Primary Schools was applied to an ever-growing number of sports in the Secondary Schools. Consequently, although hockey, tennis, football and cricket remain the main games of the girls and boys, tuition and practice were given in a number of other sports. Perhaps the outstanding development was in Athletics. The boys included practically all the events of the Amateur Athletics Association in their Sports Days and the girls introduced some of the field events for the first time.

This widening of the field of sport in the schools is a healthy sign. The idea of providing facilities and equipment just for football or hockey has resulted in the past in a very narrow form of physical recreation. A knowledge of, and ability to practice, a variety of sports while at school should ensure that a boy or girl can participate in some form of active recreation in adult life with some degree of skill or success.

Swimming facilities and instruction vary considerably in schools. Several of the schools have taken swimming instruction in the sea. Apart from the difficulties of salt-water, tides, wind, inclement weather and the danger element, the cold sea is not a satisfactory place in which to teach swimming. Great credit is due to the teachers who have achieved some success under these conditions.

On the other hand, the bath at Ballakermeen, used by the Douglas High School for Boys and the Douglas High School for Girls alternately, affords ideal conditions for swimming instruction. The first aim of the instruction is to teach non-swimmers to swim. Approximately 65% of the boys and 70% of the girls at the Douglas High Schools can swim.

Inter-School Competitions.

In the Primary Schools some friendly games of soccer, netball, rounders and stoolball were arranged. These were keenly contested and provided a culmination to the training and skills practised.

The Secondary Schools carried out a full programme of soccer, hockey, netball, tennis and cricket. These games take place mainly on a Saturday morning and now form part of the regular out-of-school activities. These events necessitate members of the staffs of the schools regularly giving up their own time to train and referee these games. Our thanks are recorded here for their co-operation and keenness without which these events could not take place.

Playing Fields.

Coupled with the immediate post-war equipment problem was the playing fields situation. Sport now forms part of a pupil's education, and as such must be undertaken as efficiently and as thoroughly as any other subject. If the benefits of a qualified teacher and the skill of the children are to be used fully and developed, it is necessary for the playing fields to be in as high a state of efficiency as possible. Much work has gone into making these grounds efficient and this year has shown that the expense and trouble has been worthwhile.

Many of the Primary Schools possessing grass areas have had these made into good playing areas. All fields and grounds of the Secondary Schools have been supplied with up-to-date and correct equipment, sufficient to allow the teaching of games to be given to all children, as distinct from the narrower view of training the "School Team" only.

Playgrounds.

The majority of the schools' playgrounds are in a good state of repair and are kept marked for Physical Training and Games. The following schools could be improved if asphalt areas were laid down or extended:—Kirk Michael, Laxey, Dhoon, St. John's and Andreas. Playground facilities are inadequate at Ballasalla, while those at Foxdale would be greatly improved by the removal of the central wall and re-levelling the existing areas. This school is handicapped by having no suitable area of grass in the vicinity where any ball games can be taken.

Groundstaff.

The Authority's groundstaff remains unchanged. They have worked quietly, happily and effectively together. They have, on occasions, assisted in the Authority's work not connected with the upkeep of grounds or equipment. This service they have given unstintingly. To them is due the excellent state of the Authority's fields.

MILK AND SCHOOL MEALS

The hot mid-day meal continues to play its part in the well-being of the Island's children who have to travel a distance to school.

With only a limited amount of money to spend on food, it would be easy for the diet to become monotonous, but careful supervision soon corrects any tendency to repetition or increased cost.

Fish is expensive but by careful planning it can be included occasionally in the menu. During the herring season, by arrangement with a fish merchant, herrings are boned, washed and delivered to the kitchens at a most competitive price. The herrings are fried or baked, or potted and served with salad. The children like the fish which makes a change in the diet, and it is a good thing to let them sample home products.

Chip ranges were installed in the School Meals Kitchens and chips are now served once a week. These are greatly appreciated and an adequate supply of fat in the diet is thus ensured.

Apart from the usual rationed commodities, special allocations of bacon and cheese are allowed. Bacon is very popular served fried with beans or peas and mashed potatoes. Some of the bacon fat is used in creaming the potatoes and an extra ration of fat can thus be introduced into the meal in an acceptable form. For some time a cheese dish has been provided at the Douglas High School for Girls (Park Road Section) and as it is very popular, it was decided that all meals kitchens should take advantage of the cheese ration. Cheese Flan or Cheese Hot Pot is served regularly and makes the basis of a good substantial meal. Since presentation of food plays a great part in the popularity of a new dish, the Cheese Flan is served with tomato sauce (made in the kitchens), peas, mashed potatoes or chips, and looks most appetising.

The following is a list of school meal centres and shows the number of meals served on November 20th, 1951:—

Centre	No. of Meals
Douglas High School for Boys:	
St. Ninian's Section	177
Douglas High School for Girls:	
Park Road Section	159
Douglas High School:	
Ballakermeen Section (2 sittings)	334
Ramsey Grammar School:	
(including 90 meals sent to Albert Road School)	462
Castle Rushen High School:	
(2 sittings)	307
Rushen Primary School:	
(serving Arbory School	174
Victoria Road School, Castletown:	
(serving Ballasalla, Santon and St. Mark's Schools)	168
St. John's School:	
(serving Peel, Patrick, Foxdale and Marown Schools)	227
Laxey School:	
(serving Dhoon School)	127
Total —	<u>2,135</u>

The milk scheme has continued as in former years and a large number of children now receive milk in school.

There were certain fluctuations in the amount of milk supplied, and for a short time it was only possible to supply milk to children recommended milk on health grounds.

Approximately 1,795 third-of-a-pint bottles of T.T. milk were delivered each day to the schools in the Island, and of this number, approximately 876 were supplied free of charge to the children.

Samples of the milk delivered to schools are taken at frequent and regular intervals and submitted to analysis. Reports from the Government Analyst on the samples so taken have, on the whole, been very satisfactory.

CO-OPERATION.

The attendance of parents at periodic inspections continues to be satisfactory, particularly in the case of the younger children, and on the whole they have been most co-operative.

The teaching staffs, as in the past, have gone to considerable trouble to ensure that arrangements for medical and dental inspections have worked smoothly. Their interest and assistance are indispensable factors in the success of any School Health Scheme.

Working arrangements with Noble's Hospital and the Ramsey Cottage Hospital have continued on the same friendly basis as in former years.

The School Attendance Officers have reported children not in attendance at school for various reasons. The Youth Welfare Officers have also given willing help in cases of parental neglect and their assistance in these cases has been greatly appreciated.

Grateful acknowledgment is also made to the Medical Officer of Health for his help and encouragement and to the Health Services Board for their willing co-operation.

HANDICAPPED PUPILS.

Blind Children.

One girl, aged 13 years, attends Henshaw's Institute for the Blind, Manchester.

Partially Sighted Children.

During the year one boy suffering from congenital cataract was admitted to Lawns House School for Partially Sighted Children, Leeds. As the parents of another boy suffering from congenital cataract were unwilling for him to be admitted to a Partially Sighted School, it was decided to allow him to remain in his present school under supervision for a further year.

One pre-school child was found to be suffering from congenital cataract and may have to be considered for admission to a Partially Sighted School in the future.

In addition there are five cases of myopia, occurring in school children, of such an advanced degree that their admission to a Partially Sighted Class may be suggested in the future.

Epileptics.

There are nine known cases of children under treatment for epilepsy, all of whom are fit to attend school at present. Two children suffering from epilepsy are unfit to attend school.

Deaf Children.

Two girls and two boys suffering from deafness attend the Royal Residential School for the Deaf in Manchester. One girl, who was admitted to the Residential School for the Deaf in Leeds in 1942, left over age during the year.

Partially Deaf Children.

Two girls are resident at the Liverpool School for the Partially Deaf, Birkdale. Admission to a Partially Deaf School may have to be considered in the case of five children at present attending local schools.

Educationally Sub-Normal Children.

Five girls and three boys were seen by Dr. Ballard during 1951. Of these, one girl and one boy were admitted to Ballamona Hospital under certificate. Of the remaining children, three girls and one boy were considered to be ineducable, one boy was recommended for admission to a Special Class for backward children and one girl remained under observation.

During the course of the year, a Special Class for educationally retarded boys was opened at Demesne Road School. There are, at present, 12 boys on the register, all of whom are profiting from the more individual attention which they receive, and are already making progress.

There are 25 children who have such marked degrees of mental defect that they are regarded as ineducable. Twelve of these children do not attend any form of school and all of them would benefit if they were able to attend an Occupation Centre where training appropriate to their defect could be given. One boy was admitted to a Special School on the Mainland during the year.

The Special Class at Albert Road School, Ramsey, has continued to function as in the previous year and is fulfilling a very useful purpose. As the Class is held on two half-days a week only, the amount of training the children receive there is limited, and better results would probably be obtained if they could attend an Occupation Centre full time.

Two boys and two girls were noted as being maladjusted.

Physically Handicapped.

Amongst the physically handicapped children not attending school there are four girls suffering from spastic paraplegia, two girls with paralysis following poliomyelitis, one girl with tuberculosis of the spine, and one girl who is still in hospital under treatment for a hip condition. One boy with a spinal defect is at present unfit for school, and one boy with spastic paralysis is now attending an ordinary school. Of the children with multiple defects, two are attending a Special Class in Ramsey, one is in a Special School on the Mainland, and two are attending ordinary schools.

Four children known to be suffering from diabetes are able to attend local schools.

Speech Defects.

There are approximately 76 children suffering from speech defects who would benefit from speech therapy. Arrangements have been made for those children suffering severely from defective speech to have an intensive course of therapy on the Mainland.

Attention has been drawn in the early part of the report to the necessity for the provision of facilities for speech therapy on the Island, and it is to be hoped that during the coming year strong efforts will be made to ensure that provision is made for this very essential form of treatment.

SPECIAL MEDICAL EXAMINATIONS.

Sixty-two children were examined for "Workers" Certificates and 17 children were examined for "Entertainments" Certificates. All the children examined were found to be fit and were granted certificates. One teacher was examined and was found to be suitable for admission to contributory service under the Teachers Superannuation Acts.

In addition, 280 children were examined in order to determine if they were fit for a short anæsthetic for dental treatment and 82 children were examined as special cases but were found not to be suffering from any specific complaint.

Isle of Man Education Authority

MEDICAL INSPECTION RETURNS

STATISTICAL TABLES

Year ended 31st December, 1951.

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS).

A. PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups—

Five year old Group	546
Eight year old Group	675
Twelve year old Group	661
Fifteen year old Group	487

Total... 2,369

Number of other Periodic Inspections 96

Grand Total... 2,465

B. OTHER INSPECTIONS.

Number of Special Inspections 1,182

Number of Re-Inspections 4,236

Total... 5,418

C. PUPILS FOUND TO REQUIRE TREATMENT.

Number of individual Pupils found at Periodic Medical Inspection to require treatment (excluding Dental Diseases and Infestation with Vermin).

GROUP	For Vision (excluding squint)	For any of the other conditions recorded in Table IIA	Total Individual Pupils
(1)	(2)	(3)	(4)
Five year old Group	2	34	36
Eight year old Group	37	38	74
Twelve year old Group	22	45	67
Fifteen year old Group	15	20	34
Total (prescribed Groups)	76	137	211
Other Periodic Inspections	2	7	9
Grand Total	78	144	220

TABLE II.

**A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN
THE YEAR ENDED 31st DECEMBER, 1951.**

DEFECT OR DISEASE		Periodic Inspections		Special Inspections	
		No. of Defects		No. of Defects	
		Requiring Treatment	Requiring Observation only	Requiring Treatment	Requiring Observation only
Defect Code No.	(1)	(2)	(3)	(4)	(5)
4	Skin	2	24	37	8
5	Eyes :—				
	(a) Vision	78	283	114	39
	(b) Squint	12	46	28	8
	(c) Other	4	15	27	13
6	Ears :—				
	(a) Hearing	1	19	20	7
	(b) Otitis Media	1	4	11	—
	(c) Other	4	34	68	6
7	Nose or Throat	25	195	64	19
8	Speech	3	36	13	18
9	Cervical Glands	—	85	1	2
10	Heart and Circulation	—	55	—	2
11	Lungs	—	108	6	18
12	Developmental :—				
	(a) Hernia	—	6	—	—
	(b) Other	—	—	—	—
13	Orthopaedic :—				
	(a) Posture	22	34	5	—
	(b) Flat Foot	39	80	14	2
	(c) Other	20	116	55	23
14	Nervous System :—				
	(a) Epilepsy	—	1	—	—
	(b) Other	—	31	—	4
15	Psychological :—				
	(a) Development	5	63	9	10
	(b) Stability	—	42	1	6
16	Other (including teeth and uncleanliness)	172	220	121	47

**B. CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS
INSPECTED DURING THE YEAR IN THE AGE GROUPS.**

Age Group (1)	No. of Pupils Inspected (2)	A (Good)		B (Fair)		C (Poor)	
		No.	%	No.	%	No.	%
Five year old Group	546	180	32.97	362	66.30	4	.73
Eight year old Group	675	228	33.78	436	64.59	11	1.63
Twelve year old Group ...	661	149	22.54	482	72.92	30	4.54
Fifteen year old Group ...	487	196	40.25	285	58.52	6	1.23
Other Periodic Inspections	96	48	50.00	48	50.00	—	—
Total.....	2,465	801	32.49	1613	65.44	51	2.07

TABLE III.
INFESTATION WITH VERMIN.

(i) Total number of examinations in the schools by the school nurses or other authorised persons	28,836
(ii) Total number of individual pupils found to be infested.....	517
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 86 (2) Education Act, Isle of Man, 1949)	1
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 86 (3) Education Act, Isle of Man, 1949)	Nil

TABLE IV
TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS).
GROUP I.—DISEASES OF THE SKIN (excluding uncleanness, for which see Table III).

	Number of cases treated or under treatment during the year.	
	by the Authority	otherwise
Ringworm : (i) Scalp	—	
(ii) Body	7	
Scabies	15	
Impetigo	48	
Other Skin Diseases	1,977	
Total	2,047	

GROUP II.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases dealt with	
	by the Authority	otherwise
External and other, excluding errors of refraction and squint	657	
Errors of refraction (including squint)	428	
Total.....	1,085	
Number of pupils for whom spectacles were :—		
(a) Prescribed	249	
(b) Obtained	Not known	
Total.....	249	

GROUP III.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases treated	
	by the Authority	otherwise
Received operative treatment :—		
(a) for diseases of the ear	3	
(b) for adenoids and chronic tonsillitis.....	43	111
(c) for other nose and throat conditions.....	6	
Received other forms of treatment	1,137	
Total.....	1,189	111

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

(a) Number treated as in-patients in hospitals	43
(b) Number treated otherwise, e.g. clinics or out-patients' departments	by the Authority otherwise
	481

GROUP V.—CHILD GUIDANCE TREATMENT.

Number of pupils at Child Guidance Clinics ...	Number of cases treated	
	by the Authority	otherwise
	—	—

GROUP VI.—SPEECH TREATMENT.

Number of pupils treated by Speech Therapists ...	Number of cases treated	
	by the Authority	otherwise
	—	—

GROUP VII.—OTHER TREATMENT GIVEN.

	Number of cases treated	
	by the Authority	otherwise
(a) Miscellaneous minor ailments	4,315	
(b) Other (specify)	—	—

TABLE V.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.

(1) Number of pupils inspected by the Authority's Dental Officers :—		
(a) Periodic age groups		6,853
(b) Specials		1,517
	Total (1)	8,370
(2) Number found to require treatment		5,520
(3) Number referred for treatment		5,520
(4) Number actually treated		3,746
(5) Attendances made by pupils for treatment		11,281
(6) Half-days devoted to :—	Inspection	62
	Treatment	1,918
	Total (6)	1,980
(7) Fillings :—	Permanent Teeth	4,059
	Temporary Teeth	854
	Total (7)	4,913
(8) Number of teeth filled :—	Permanent Teeth	3,781
	Temporary Teeth	854
	Total (8)	4,635
(9) Extractions :	Permanent Teeth	952
	Temporary Teeth	3,179
	Total (9)	4,131
(10) Administration of general anaesthetics for extractions		1,293
(11) Other operations :—	Permanent Teeth	6,229
	Temporary Teeth	3,091
	Total (11)	9,320

TABLE VI.
SCHOOL MEDICAL AND DENTAL STAFF

	Per cent. of whole time devoted to School Health Service
S.M.O. : S. V. Cullen. M.B., Ch.B., D.C.H.	100%
Asst. S..M.O.: Kathleen M. Vernon. B.Sc., M.B., Ch.B.	12%
S.D.O's. : J. A. S. Clucas, L.D.S., R.C.S. (Ire.)	100%
F. C. Shenton. L.D.S., V.U.(Manc.)	100%
Kathleen E. Smith, B.D.S., L.D.S.	100%
Dorothy C. H. McQuarrie, L.D.S. (Hons.).....	100%

NURSES	Number	
School Nurses	4	Whole time
District Nurses	—	—
Nursing Assistants	—	—
Dental Attendants	4	Whole time
